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ABSTRACT

The Boston University Interdisciplinary School Consultation Project was initiated in 1971 and continued until the end of the school year in 1974. Its major objectives were: (1) to improve the skill, capacity and understanding of those who wanted to work in urban areas, and (2) to develop collaborative methods of dealing with children and families in schools and communitites. The program involved graduate students from Boston University's School of Education (Counelor Education Department), School of Social Work, and School of Nursing, as well as students from the New Careers Program of Metropolitan College. Faculty members from the various schools were involved in planning, supervision and teaching the trainees. The Boston University Team provided a number of traditional and innovative services to the schools in which it worked. Programs in the areas of alcohol education, career information, parent involvement, and ethnic pride were only some of the tasks undertaken. The emphasis was on collaboration among team members and with school personnel and community members. Research and evaluation efforts were on-going components of the project. A number of studies were undertaken to assess the efficacy of various programs and the composition of the client population. (Author)

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School Mental Health: Training for Collaboration

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ABSTRACT

The Boston University Interdisciplinary School Consultation Project was initiated in 1971 and continued until the end of the school year in 1974. Its major objectives were: (1) to improve the skill, capacity and understanding of those who wanted to work in urban areas, and (2) to develop collaborative methods of dealing with children and families in schools and communities. The program involved graduate students from Boston University's School of Education (Counselor Education Department), School of Social Work, and School of Nursing, as well as students from the New Careers Program of Metropolitan College. Faculty members from the various schools were involved in planning, supervision and teaching the trainees.

The first year, the trainees were placed in an inner-city parochial school. During the second year, the field sites included parochial elementary and high schools and a youth detention center. In the final year of the program, two parochial schools and two Boston public schools served as placement sites. All of these schools were located in the area serviced by the Boston University Mental Health and Retardation Center, an area designated by the state planning commission for mental health as first in several indices of social distress.

The Boston University Team provided a number of traditional and innovative services to the schools in which it worked. Programs in the areas of alcohol education, career information, parent involvement, and ethnic pride were only some of the tasks undertaken. The emphasis was on collaboration among team members and with school personnel and community members.

Research and evaluation efforts were on-going components of the project. A number of studies were undertaken to assess the efficacy of various programs and the composition of the client population.

The program trained graduate students from several disciplines to work in an imaginative, effective manner with students from disadvantaged areas.

BACKGROUND

Urban Mental Health

In urban areas many social services have been provided but inefficiency and a lack of realistic planning have often precluded effective delivery of these services to the clients most in need of them. Often the burden of seeking and utilizing help has been placed on families and individuals who are concerned with economic survival and who have been alienated by what they see as the red tape and lack of responsiveness of many agencies. Traditional models of mental health treatment, based on individual psychotherapy, may not take into account the skeptical outlook and limited resources of the urban poor (Lorion, 1974).

In recent years, there has been an attempt to bridge the gap between inner-city residents and social services designed for them. Two important trends in the mental health field have had far-reaching implications in this effort: a greater consumer orientation and the concept of comprehensive servicing of geographic areas (Devlin, 1974).

The basic unit in coordination of services for geographic areas has been the comprehensive mental health center. These centers, vital as they are, cannot meet all of the needs of their target population. One of the often mentioned commitments of the

community mental health movement is primary prevention. Yet by their very nature, mental health facilities and hospitals tend to use the bulk of their time and personnel for diagnosis and treatment. The urgent needs of those who have already developed difficulties may obscure the equally vital needs of a high-risk population in general.

Primary Prevention and the Schools

In considering primary prevention, the first category which springs to mind is children. Children from the inner city frequently face a myriad of difficulties: precarious economic status, language barriers, racial prejudice, family dissolution, and unstable and deteriorating neighborhoods. Their future may hold delinquency, alcoholism, mental illness, drug addiction, unemployment, or physical disability. Their problems often get attention only when they are brought into court or expelled from school. Yet nearly all of them are in a weekly setting which provides an opportunity for observation and intervention: school.

If mental health consultation were available to children in schools, collaboration with existing agencies would be facilitated and detection of problems before they reach crisis proportions would be possible. Yet in the past, school children have been provided with health and counseling services only in response to acute problems. The mode of treatment has been individual,

following the medical model. The school remained separate from the rest of the community, and coordination of services and resources was not actively sought.

The Professional in the Community

In contemplating a community-based, prevention-oriented approach to mental health, the traditional model of professional care comes under close scrutiny. Historically, social workers, nurses, psychologists, psychiatrists, and counselors have performed disparate functions in their own settings. There has been little communication and collaboration among these professions, and little communication between the professionals and the communities they serve.

Yet in response to the community mental health approach, professionals are being asked to perform a number of new functions. They must be able to communicate with their clientele at large, to develop and evaluate programs in response to community needs, to deal with other service providers, to coordinate community resources, and to use a political sensitivity and awareness to effect change. The need for these skills is shared by all community workers, regardless of their professional designation. In addition, they share a common focus of concern - the human beings whose lives they are attempting to improve.

BOSTON UNIVERSITY INTERDISCIPLINARY TRAINING PROGRAM

The challenge of providing mental health services to urban communities and the need for a revamped professional model to meet that challenge were at the core of the EPDA Center Satellite Interdisciplinary Training Program at Boston University (O'Hern, 1971).

This program had two major objectives: (1) to improve the skill, capacity and understanding of those who wanted to work in urban areas, and (2) to develop collaborative methods of dealing with children and families in schools and communities.

Innovative Training

Within these two major concerns lay a number of other goals and issues. The professional preparation of trainees to function in inner-city areas was an important concern. Trainees were to be presented with a flexible role concept early in their education. Understanding of the community and cultures in which the school was rooted and considered an important aspect of training.

> Implementing the curriculum in a broad field-based model...provides a variety of clinician-consultant experiences in a variety of settings where changes need to be instituted to alleviate stress, to restore vigor and interest in varied cultural and community experiences and to introduce new systems of delivery that attune to the integration of the multifacets of community living. In

> this context, learners (faculty, students, consumers staff, community workers) apply knowledge and refine their skills in the assessment and planning of mental health care, in the prevention of illness and promotion of health (Garner, 1972).

Institutional Change

Another priority was collaboration and communication with professionals in other disciplines. In addition, the development of a new kind of professional who would involve local community residents and other helping professionals in a collaborative manner was a long-range goal. It was hoped that the development of this collaborative "helping-approach" would be transferable to school and other social systems. The priority of primary prevention and early intervention contributed to this new concept of service delivery as well as to a revitalized approach to the training of mental health professionals. These, then were some of the institutional changes this project was concerned with:

> 1) the development of an emphasis on the importance of changing those institutions which contribute to emotional disturbance, rather than continuing to treat and "adjust" the victim of these institutions, 2) redefinition of the stratified composition of the mental health team unit, 3) promotion of interdisciplinary collaboration, 4) changing graduate training programs to conform with these new directions, 5) encouragement for school-community interaction and responsibility, and 6) destereotyping of the professional worker's role in community settings (Kesselman and Johannet, 1971).

Target Population

The target area in which the interdisciplinary project operated was indeed a challenging one. It included neighborhoods in the South End, Back Bay, Roxbury and North Dorchester sections of Boston which are serviced by the Boston University Community Mental Health and Retardation Center. A report by the state planning commission for mental health centers ranked this area as first in the number of families with incomes under $3000, first in social pathology (total number of arrests, commitments to Youth Service Board facilities, number of arrests for drunkenness, and narcotics offenses) and first in welfare indices of the thirty-seven mental health center areas in Massachusetts.

A pilot project was conducted in one private Catholic elementary school in this district during the school year 1970-1971, and the program itself began in the fall of 1971.

THE FIRST YEAR

The primary focus of the initial year of the school consultation project was the development of a viable interdisciplinary model, the delivery of services, the establishment of communications between the host school and the University Team, and the development of procedures for evaluating the effectiveness of the project.

Composition of the Team

The Team during this first year consisted of students and faculty from three disciplines. There were six graduate students from Counselor Education, four Social Work graduate students, and two graduate student nurses from the psychiatric nurses training program. The position of student team coordinator was assigned on a rotating basis to all but first-year students. The students came from a variety of backgrounds and included people who were bilingual in Spanish and Chinese. Five faculty members from each of the disciplines represented, including a psychiatrist from the Community Consultation Unit of the Boston University Solomon Carter Fuller Mental Health Center, provided supervision at the placement site on rotating days.

Training of the Team

The training of team members was carefully considered to

foster interdisciplinary learning. This was a field-based program, and most of the learning came through the supervised clinical experience. Meetings and small group sessions for the purpose of sharing and evaluating the work of team members were held regularly. In addition, seminars focusing on the issues of working in an urban setting were held as part of the program.

Locale of First Year Team

The first year of the project, 1971-1972, the School Consultation Team was based in one private Catholic elementary school within the target area described in the previous section. The school had a racially, ethnically and religiously mixed population as well as both lay and religious teachers. Approximately 44% of the students were black, 8% Chinese, 28% Puerto Rican or Latin American and the remainder largely of Irish and Middle Eastern descent.

Projects Developed in the Context of the Racial and Cultural Milieu

Within this setting the Team hoped to provide needed services, expand their own skills and perceptions, and develop innovative programs to meet the needs of the community. They sought to tie in work with individual children referred by teachers to an approach which would be useful to many additional students. Several projects were initiated from this concern.

By utilizing and incorporating the disparate cultural identities of the student population rather than trying to ignore them, the University Team was able to develop some useful programs. One of these was the involvement of older bilingual Spanish-speaking children as tutors for younger children who were struggling with language and adjustment difficulties. This exchange enhanced both the educational progress of the younger children and the self-esteem of their older classmates.

The language and cultural barriers obstructing the involvement of Chinese parents and students within the school were another area of concern. Two Chinese team members were able to use their own background and skills to help the Chinese students and serve as a liaison between Chinese parents and the school. Not only were they able to translate communications, but they also developed school-wide programs on Chinese history, art and historical accomplishments. Thus the alienation of linguistically different sub-groups was partially ameliorated through these team efforts.

In the area of primary prevention, team members developed a seminar on alcoholism education for the school staff. This was seen as a need because of the high alcoholism rate in the community where the school is located. This appears to have been the first time that the elementary school students had been considered a

target for efforts at prevention of alcoholism. The goals of the workshop were outlined as:

1. Understanding different attitudes toward alcohol use.
2. Clarification of knowledge about alcohol use.
3. Development of methods of teaching individual decision-making about drinking.
(Shirashi, 1972)

The seminar which afforded us the opportunity to bring in community personnel to offer their expertise on alcoholism to the school staff and some members of the Fuller Mental Health Center, proved to be a useful preventive, educative mental hygiene vehicle.

Other activities offered to the students included a Cultural Day which highlighted the positive aspects of the school's mixed cultural composition and served an educational function as well. The Team also assisted seventh and eighth grade students with high school and career plans. Each eighth grader was assigned to a Team member who worked with him or her on all aspects leading to a placement in one of the alternative private or public high schools. This was necessary because Boston, unlike many cities and towns, does not have an automatic system by which a student graduating from a certain elementary school goes to a designated high school. Even for public school students, there is a confusing array of possibilities, ranging from the Latin School which is a highly competitive, college-oriented school to the trade school

which prepares students for various blue-collar and technical occupations. Therefore, eighth graders and their parents were really in need of straight-forward information and help with making the necessary decisions and arrangements.

Evaluation and Research

Evaluation of the project was an on-going effort. Meetings with teachers and administrators were held weekly, as well as written evaluations by team members at the end of the year.

In addition, data regarding the nature of services delivered by the team were systematically recorded. These data were analyzed along various lines, including the identity of the population serviced, the type of services offered, frequency of contact, outcome of intervention, etc. (Nickerson, et al, 1972). Since the school itself regularly assessed all of the students via ability and achievement measures, it was also possible to note and compare the functioning of both team-serviced and non-team-serviced students on these dimensions; as well as to take a developmental look at students' progress in these conventionally measured scholastic realms.

School Population - A Demographic Study

A study of the demographic characteristics of the school population was carried out using data already existing in the

school's records. Information was gathered on the age, grade level, sex, ethnic background and home conditions as well as intelligence and achievement test scores of every pupil in the school. Additional records were kept by the Boston University Team on those students who were receiving formal assistance from the Team. It was found that the student body was heavily minority - black, Puerto Rican, and Chinese students combined equaled 80% of the school's population (see Table 3). It was found that the parents of these students of minority backgrounds

> ...tend to be concentrated at the lowest socio-economic echelons, as classified according to Hamburger's (1954) revision of the Warner, Meeker & Eells socio-economic classification system and...some eight percent of the working parent(s) or home provider(s) (including those on Welfare) occupy the three lowest occupational categories of the occupational classification system (i.e. Levels 1, 2 and 3). These three lowest occupational categories contain no professionals, semi-professionals, proprietors, managers or business officials and contain skilled workers only at the journeyman's level.

Client Population

One of the important, but often overlooked facts about any program in a school is exactly who is benefitting from it. Information about the client population of the Boston University Team was useful both in an assessment of the efficacy of their work and in an analysis of who seeks help. Several distinguishing

characteristics of the client population were noted:

1. There were twice as many male clients as female. This is in keeping with the general tendency of elementary-age boys to be referred for help more often than girls.
2. Most of the clients were concentrated in the upper grades (approximately 55% of the clients were either in the seventh or the eighth grade).
3. Fewer students in the client population lived at home with both parents (65.38% as compared to 85.4% of the non-client population). Over 12% of the client population lived with neither parent, as compared with less than 1% of the non-client population.
4. A higher percentage of the client population were Spanish-speaking (33.65% compared to 19.71% in the non-client population).
5. There was not a significant difference between the two groups in terms of scholastic achievement. It was suggested that Title I tutorial assistance was relieving some of the scholastic difficulties of the students, thus leaving the interdisciplinary team free to deal with problems more directly involved with

> dealing with generalized emotional and social adjustment difficulties. They also seem to be more involved with socially and economically

> disadvantaged students, who would again be expected to require greater intervention to insure a more optimal educational experience than typically transpires. (Nickerson et al., 1972)

The most surprising finding was that students in this school, contrary to the usual inner-city experience, were making steady scholastic progress and were not experiencing the usual scholastic decline which has accompanied the typical urban school experience. Clearly, something very significant was happening in this setting. It was our hope, at this point, that the school authorities would pursue through continued study this significant finding.

Frustrations and Problems of the First Year

First, there were all of the problems of a group of trainees working together for the first time under a pioneering training program. Many of the students felt that team-building should have been a greater priority. The importance of students getting to know each other and getting oriented to their placement site was stressed.

Some organizational problems impeded more effective collaboration. For example, the students early in the year divided themselves into subgroups which dealt with various age levels. It was felt that by affiliating themselves with separate classrooms, they could facilitate integration of the team into the school.

However, in some ways that led to a lack of contact among team members themselves. In addition, the tight schedules of many students made it difficult for them to get together enough for planning and sharing. There were also problems with team members really listening to each other and benefitting from the variety of professional orientations. Many students felt that it was well into the school year before they experienced the support and identification that the team offered.

Another weakness in the initial team format was the lack of clarity surrounding the authority structure. The role of team coordinator was seen as not well enough delineated, and the delicate process of dealing with the school administration was consequently somewhat hampered. The large size of the team made it difficult for them to work closely with one another and also proved to be too threatening to the school's regular staff. A final suggestion made by team members was that the built-in evaluation and research component was important and should be continued.

School/Team Cooperation and Conflict

As difficult as some of these intra-team issues were to resolve, by far the most challenging aspect of this initial phase was the establishment of school/team communication and cooperation. The major issue, as seen by team members, was the trust and

credibility of the team as viewed by the school faculty and administration. The influx of a relatively large number of trainees into a small and tightly interwoven school created some conflict. The Boston University Team came in with their own priorities and values and were brought face to face with a well-entrenched existing system that had its own concerns and priorities. This led to certain frustrations. For example, a Title I reading program was in effect in the school and this was always given priority over any activities the Team might plan. It sometimes severly restricted the time available for working with students either individually or in groups, because the school would not allow a child to leave the classroom while the Title I program was being conducted.

Several barriers to full cooperation with the teaching staff became apparent as the year progressed. A major problem was finding time for regular communication between team members and teachers. Most of the teachers' time during the school day was accounted for, and many were reluctant to spend after-school hours consulting with the team. Some teachers envisioned the team's role as one of dealing only with problem children. There was pressure on team members to report students' misconduct and to fill in for teachers. Many teachers and teachers' aides were somewhat hostile and suspicious of the Boston University Team.

Other conflicts between the school and the team surfaced gradually. The principal's insistence on personally approving nearly every action of team members proved irritating to the trainees. There was a lack of physical working space in which to meet with students and conduct groups. In addition, the school administration wanted to control all contacts between the team and the children's parents, which proved to be an obstruction to community contact. Unlike the Boston University Team, which felt that community input was of great importance in the running of a school, the school administrators stressed "professional education" and minimized the importance of parent contact.

From the point of view of the school staff, some major concerns were the maintenance of confidentiality, the desireability of the school having control over the team's activities, the suspicion that the university was using the school as "guinea pigs", and the question of how the team philosophy fit with the school philosophy.

Community Involvement

By and large team members felt that involvement of parents and the community had not been as successful as they would have liked. More community contacts were needed and home visits and parent meetings were seen as important future goals. Clarification of the team's goals and functions was another recommendation.

On the positive side, the interdisciplinary team found the experience to be generally rewarding. They noted the freedom to experiment and the support offered by the team. In addition, the bringing together of many skills intensified the success of many of their efforts. The student nurses, for example, were able to fill a real need when health difficulties were involved, and the Chinese-speaking trainees had performed a unique function within the school. A wide array of services had been offered, and despite the hardships of forming a team and dealing with the school, it was felt that the school children had really benefitted from the Boston University Team's presence. Furthermore, our limited data to date (Nickerson et al., 1972) has shown that this beneficial effect was indeed a real one.

THE SECOND YEAR

The second year of the project, 1972-1973, was marked by expansion into three new settings and development of a new organizational format for the team. There were now three groups of trainees, located in another parochial elementary school, a parochial high school, and a youth detention center. Thus there was the opportunity to refine and act upon what was learned during the first year ws well as the opportunity to broaden the program to serve a wider age, grade, and adjustive range of the population.

The experiences of the previous year gave rise to a clearer definition of the team's functions and more explicit contracts with the schools involved (Appendix C). The team focus on observation, feedback, and community commitment was stressed initially in light of the pressure for individual services from the placement sites. Team building and team/faculty collaboration were clearly identified as priorities.

Team Levels

In response to the need for a viable organizational structure in view of the expansion of the team, the concept of team levels was developed. There were mini-teams, which consisted of all students, coordinators, and university faculty operating within one school. Midi-teams, consisting of varying numbers of people, cut across school lines and were designed to address themselves to

broader concerns and issues (such as educational and occupational counseling). The maxi-team was composed of all students, coordinators, and B.U. faculty members involved in the total School Consultation Project. Mini and maxi-teams had regularly scheduled weekly meetings; midi-teams met as the need and desire arose.

New Careers Program

One focus of the second year was increased community involvement. An important link between the community and the University was the New Careers Program. This program, which was funded by the National Institute for Mental Health, was designed for the professional preparation of minorities who had been working in the community without formal credentials. It began as a two-year Associate of Arts degree program but was conceptualized as the beginning of a professional career ladder. A New Careerist became part of the Boston University Team. It should also be noted that she was the first President of the Parent Advisory Board and requested to be placed with the Team.

Career Education

Expansion into a high school offered new opportunities and problems. There was a greater concentration on developing services around providing career information. A survey of career interests

of the high school juniors and seniors was used as the basis for developing a Career Day which was held in a park in Boston's South End. This highly successful effort was remarkable because it was such a deviation from the run-of-the-mill activities of school counselors and because it carried a clear message to the community which said, "We want to come to where you are and help meet your needs, not the other way around." The New Careerist who joined the Team directed this effort, which involved numerous agencies, colleges and corporations. In addition, she assisted in planning the Minority Recruitment Program at Boston University's Medical School.

Other High School Projects

Alcohol education was a focus of the high school's mini-team as it became apparent that alcohol abuse was a major concern in working with the student population. Since a research study of the previous year had shown the effectiveness of an alcohol education workshop (Shirashi, 1972), this teaching technique was employed again. Another project aimed towards these adolescents involved them with elderly community residents in hopes of widening the experience and relatedness of both groups.

The Elementary School

The Boston University Team was heavily involved in the

parochial elementary school, for the school had no guidance department of its own. Accordingly, the team filled in the gaps in pupil personnel services. As with the elementary school children of the year before, the team sought to provide information and practical assistance to the eighth grader who faced the difficult decision of which high school to go to and how to get there. In addition, the team took groups of students on trips throughout the community in a first-hand display of job opportunities and responsibilities. They also served as individual and group counselors.

The Detention Center

This marked a unique setting for an interdisciplinary school consultation team. Five team members formed a mini-team at a local youth detention center, where youngsters were sent to await court disposition of their cases. The team members served as advocate/counselors for the youths participating in the daily functioning of the center and attempting to offer some constructive alternatives to young people in very difficult situations. One of the greatest constraints of this setting was the transient nature of the population. The average stay at the detention center was about three weeks, so that by the time a team member had established any sort of relationship with a youngster or had attempted to work with the family in any way, the person was transferred out. This

proved to be enormously frustratin .

Evaluation

Evaluation of the progress a and increasing importance during the second year. Faculty and students at the high school were given questionnaires to asses the impact of the Boston University Team. Different facult members found different aspects of the team's work to be particularly valuable, but the overall response to the team was f vorable. It was still apparent that many students and teachers sa the team's main function as individual counseling of students, despite the fact that students said their major contacts with the Boston University Team had been held informally on the school grounds or within the context of a class or group project. It a pears that they were responding more to their stereotype of what the team should be doing rather than to what they actually saw.

THE THIRD YEAR

Setting

In the third and final year of the project, team members were placed in four different schools. The parochial high school and elementary school in which trainees had worked the previous year were retained and two other schools were added to the program.

A major change in 1973-1974 was the inclusion of two public schools in the City of Boston. There was a high school (grades 9-12) and a middle school (grades 6-8). Both had a predominantly black student body but a racially integrated staff, and were located in Roxbury, the same area in which the Team had been previously based.

During this second year of involvement in the parochial elementary school, there was a change of setting. In the fall of 1973 the teachers and students were temporarily bussed to a suburban location while the construction of a new school was underway.

Organization and Evaluation

During this year the organizational structure of mini-, midi- and maxi-teams proved valuable in coping with both the difference and the similarities of the various placement sites. The team levels also served to help organize research-evaluation activities,

which had become more sophisticated and comprehensive than in previous years. Data was systematically gathered on the services provided by the graduate students and the demographic characteristics of the populations with which they were working. Weekly logs were kept by all of the Boston University trainees, in which they detailed the following information about the services they provided:

- identification of team member providing service
- date of service
- length of time required to perform service (in minutes)
- locale where service activity performed - placement school, community agency, client's home, etc.
- type of professional consulted, if any - teacher, administrator, parent, team member, etc.
- nature of service activity - meeting, counseling, conference, psychological or educational assessment, vocational counseling, inter-disciplinary activities, planning activities or evaluation/research
- name of client(s) - a number was later assigned by the research team to each client and group
- sex, age and ethnic origin of client
- one to five characteristics describing such areas as client's home situation, reason for referral, educational background (Saltaformaggio, 1975)

This kind of record-keeping, while not without its difficulties, proved to be of great value. It permitted an exact knowledge of the actual functioning of the Boston University team, and provided

a basis for examining and analyzing the services provided, the population served, and the extent to which the team was performing functions unique to an interdisciplinary group.

Collaboration and Consultation

The interdisciplinary model stresses communication and collaboration among professionals. The Boston University Team was able to carry out that mandate in their respective placement sites. As assessment of the nature of the services provided shows that 30.4% were described as interdisciplinary (see Table 7).

> Although the large percentage of interdisciplinary contact is what one might have suspected, it is quite encouraging to discover that this aspect of the EPDA Satellite Project at Boston University was in fact carried out as conceptualized. This suggests that team members may have experienced the beneficial aspects and growth possible from interdisciplinary collaboration, such as broadened skills, exposure to different perspectives and orientations to mental health, and heightened respect for professionals of different educational backgrounds (Dorn, 1975).

For over one-half of the services performed by the Boston University Team, collaboration with at least one other professional was sought. This is in contrast to the more isolated working patterns of many urban professionals, and is perhaps a result of the constant emphasis on cooperation and communication which was part of the team philosophy. Not surprisingly, team members most frequently consulted with one another (24.10% of all consultations -

See Table11). This was probably a result of the easy accessibility of other team members.

> By the middle of the academic year, each of the team members found that a very strong sense of commitment had developed both between individual team members and to the team's goal of delivery of service at the placement site. This commitment most probably developed from the repeated sharing of problems, planning for programs and enormous amounts of time spent working with each other. The team members also realized that over time this sense of commitment provided them with a cohesive and effective support system. As a result, when the realities of working in a low-income urban area began to affect morale of the team, the support system already present in the team structure facilitated open discussion of mutual feelings of frustration and planning to overcome obstacles was thus shared by all team members (Saltaformaggio, 1975).

The "realities of working in a low-income urban area" included many stresses due to the conflict in Boston over the proposed integration of the schools and other issues. At the public middle school, for example, there were two major fires and numerous bomb scares, with a great deal of disruption of the normal school routine. The Team members were able to provide support to each other under these trying conditions, as well as provide the opportunity for additional input in dealing with more run-of-the-mill problems.

Teachers in the school were next in frequency of consultation by Boston University Team members (13% of all consultations). Often, the trainees found that they had to accomodate to the teachers' schedules and preferences in order to open the channels for useful

communication. Informal chats at lunch and in the teachers' room were often more productive than attempts to set up more conventional meetings. In spite of these difficulties it is encouraging to see teachers rank number two in the consultation category.

One of the difficulties facing not only the Boston University Team but also most professionals working with children in an inner-city setting is low involvement of parents in school activities. This was reflected in the low number of parent consultations - less than one percent (Saltaformaggio, 1975). Alienation from the school system as well as the pressures of everyday living tend to reduce parents' attendance at regular activities, such as the Parent Teacher Association.

To offset some of these obstacles, the Boston University Team scheduled parent breakfasts at the public middle school in which they worked. These were held before school to encourage working parents to meet team members and school and faculty counselors. The success of this program showed that under the right conditions, parents would come to the school and make an effort to become involved. Thus it appears that we must shoulder the responsibility for initiating action if we truly desire parent participation.

Client Population Characteristics

In addition to supplying some facts about the consultation

patterns of the team, the weekly logs also provided data about the population with which the team worked. The client population reflected the predominantly minority composition of the community in which the schools were located.

TABLE 1

RACE/ETHNICITY POPULATION PERCENTAGES*

Total Population	Client Population
56.00% Black	67.00% Black
18.00% Puerto Rican	8.00% Puerto Rican
18.00% Oriental	10.00% Oriental
8.00% Caucasian	14.00% Caucasian
	1.00% Haitian, S. American and Lebanese

Total N = 530

*Dorn, 1975

It is clear that this program did service the target group at which it was aimed, namely the inner-city minority students.

Data were collected for each client contact, and it was found that the average age of the client population was about fourteen years, while the average grade level was ninth grade. Sixty-five percent of the client contacts were with students between the ages

of fourteen and eighteen years old, and females were seen more often than males - 63.58% girls, 36.42% boys (Dorn, 1975). The fact that the figures are weighted more towards the high school age group is a result of several factors: the high schools had more students than the other two schools, and in the public middle school administrative difficulties delayed client contact wntil several weeks into the school year. Since the Boston University Team had been at the parochial high school the year before, they were able to begin seeing the students earlier than at the other schools.

Several other characteristics of the client population were studied and tabulated. While a few will be mentioned here, for a complete report of characteristics studied, complete statistical analysis, and a discussion of the implications, see Appendices J & K.

Comparisons were made among the various schools in terms of percent of clients who were characterized as anti-social, who participated in extra-curricular activities, and who had learning problems. Briefly, it was found that the team placed at the parochial elementary school, which had no guidance department of its own, had significantly more contact with students classified as "anti-social" than the teams at the other schools. It is hypothesized that the lack of a regular guidance staff led the school's teachers to look to the Boston University Team for assis-

tance with disciplinary problems. The two high schools provided a greater percentage of clients classified as having learning problems, possibly a result of the greater practical import of such problems as students advance in school. And finally, it was found that students at the private schools participated significantly more in extra-curricular activities than did public school students. This may suggest a difference in the level of commitment and involvement students felt toward their schools.

The Freshman Project

An additional source of information about the population being served by the Boston University Team was the Freshman Project. This was an innovative program developed at the parochial high school in response to the teachers' expressed desire to overcome some of the difficulties involved in working with freshman students. Because the Boston University Team had been at this school the year before (1972-1973), they were aware of this problem and they determined to tailor a program to meet the needs of the school.

Consultation with teachers produced an agreement that freshman students needed to have at least one adult to serve as an advocate and resource person. Teachers and Boston University Team members made themselves available to the students for at least one appointment. Ninety-nine students were seen initially, and thirty of these pupils were then seen on a regular basis throughout the

academic year. The goal of the program was to assist in the adjustment of freshman students to high school life.

In addition to the direct services provided by this program, research and evaluation components were built into its design. This is of particular importance because it is a model for school systems to follow when planning new programs. The data collection was not exceptionally involved or onerous, and it provided insight into the actual makeup and needs of the group of students served, as well as a method for judging the efficacy of the project itself.

The initial phase of the project was a questionnaire which was distributed to all members of the freshman class. The results were tabulated and analyzed (Canale, 1974). For a more detailed description of the entire Freshman Project and the findings of the team, see Appendix I.

In this study, it was found that the students in the freshman class at the parochial high school mostly came from lower-middle and lower class homes, with more black fathers absent from the home than white fathers. Twice as many students hoped to go on to college as opposed to working directly after high school graduation. While the white students in the class had higher expectations of reaching their goals than the black students (68.8% as compared to 56.3%), it was found that the black males actually had a higher expectation of success than the white population; the black

females had a substantially lower level of optimism. Only 37.5% of the black females rated their chances of attaining their goals as "excellent" or "good". (Canale, 1974).

This research has some important implications for counseling these high school students. While an unexpected finding was the high aspiration and expectation level of these students, who come from homes which are low on the economic ladder, it is clear that there are significant differences by race and sex. A comparison of aspirations of these freshman pupils with the low percentage of students from this school who actually do go on to further education also suggests a gradual process of discouragement.

In addition to this thought-provoking information which was gathered on the freshman students, the Boston University Team felt it important to assess the impact of the intensive orientation and counseling provided by the Freshman Project. Evaluation of the project at the end of the year showed widespread satisfaction with the concept. The teachers involved felt that the Freshman Project had significantly aided the adjustment of their students, and over two-thirds of the students responded favorably to the Project. Boston University Team members felt that it was helpful in several ways: (1) it contributed to their training as mental health generalists, (2) it facilitated their entry into the school, and (3) it was a genuinely useful service for the students. (Canale, 1974).

In addition to evaluating the Freshman Project, the Boston University Team held discussions and meetings with the school personnel in order to assure the continuation of this service even after the departure of its originators. Thus the commitment to institutional change as well as direct service was acknowledged.

Comparison of Service Activities

The analysis of data on service activities at the four schools shows that different services were emphasized for different schools. At the two high schools, with students approaching decisions about college or careers, vocational counseling understandably comprised the greatest percentage of all service activities (42.1% and 47.4% at the high schools, as compared with 0% and 10.5% at the middle and elementary school, respectively). Educational counseling formed a larger part of the services provided at the elementary school. Planning and evaluation were carried on more extensively at the high schools than at the two other schools. (Saltaformaggio, 1975).

Different Schools, Different Needs

One of the strengths of an interdisciplinary team is the generation of innovative approaches to meet the needs of its clientele. While the section above shows that different service areas were stressed in different schools, some illustrations

should demonstrate the diversity of programs and services offered. At the parochial high school, the Boston University Team had an initial advantage due to having been at that placement site the year before. They concentrated on acquainting themselves further with community resources, and trying to utilize them in the context of the school. For example, a team member served as a lisison with the Boston Sickle Cell Center. As a direct result of their involvement two of the school's science teachers enrolled in a training program there. Other community outreach programs included an Elderly Project which involved community senior citizens, and continuing programs in career education and alcohol education.

At the public middle school, Boston University trainees had to adapt to the somewhat prevalent chaotic conditions. Despite this, they were able to develop the Parent Breakfasts and several other projects. One of the unique aspects of a middle school is, as its name implies, its position between the elementary and high schools. Team members developed programs to deal with both ends of the process. On the one hand, there was the Feeder School Project, which sought to inform and involve parents and students in the elementary school which "fed" students into this particular middle school. On the other hand many middle school students were slated for re-assignment in the fall of 1974 due to integration

plans. To state that there was some confusion and apprehension about the change would be a gross understatement. Boston University team members gathered information about the various schools to which the pupils would be going and developed a plan to discuss it with the students.

At the public high school, the mini-team sought to expand the horizons of the students by offering mini-courses in such subjects as self-identity, human relations, and jobs and work.

At the parochial elementary school, the trainees had to function as the school's guidance unit as well as the creators of more specific programs. A major concern also was the high school placement of the eighth graders, and as in other schools, the mini-team worked intensively on this. The parents were actively involved in the planning process.

Thus, in addition to providing one-to-one and group counseling services at all the placement sites, the various Boston University mini-teams also assessed the specific needs of the schools in which they worked and developed ways of reaching large groups of students at one time.

SUMMARY

The Boston University EPDA School Mental Health Project evolved from a dual concern - desire to improve mental health services to children in inner-city settings and a desire to develop an interdisciplinary training model for professionals serving the urban community. The focus was on primary prevention and early identification of difficulties as well as the development of competent mental health generalists.

The program, after a pilot study, took place during three academic years. There was considerable growth during that time period in the size of the program and the number of settings serviced. The first year, a team was placed in a parochial elementary school in the inner city. In the second year, trainees worked in an elementary school, a high school, and a youth detention center. During the third year, the team expanded its scope to the Boston Public Schools, with trainees in two parochial and two public schools, all in Boston.

Students from several disciplines took part in the project. There were graduate students from the Counselor Education Department, the School of Social Work, and the School of Nursing, as well as students in the New Careers program. The teams were organized into mini-, midi-, and maxi-teams which met on a regular basis for training, sharing of ideas, and planning. This was a field-based

program, and while most of the course work of the individual students was taken in their own department, there were seminars builts into this program which specifically focused on training for work in the urban community.

The teams served in an area which included some of the most disadvantaged neighborhoods in the state. The population with which they worked was largely composed of minorities, both ethnic and linguistic. The effectiveness of the Boston University Team was enhanced by the inclusion of students who were themselves Chinese or Spanish-speaking. Pervading all of the activities in the schools was a desire to incorporate recognition of ethnic diversity into the programs planned for the children, as well as taking advantage of the linguistic talents of the Boston University students by having them serve as liaisons to the foreign-speaking parents and children in the schools.

The actual services and activities in which the Boston University Team took part were numerous and diverse. They included several workshops on Alcohol Education, programs on Chinese art and history, development of tutoring programs for Spanish-speaking children, a Career Day held in a neighborhood park, Parent Breakfasts, and many other innovative programs. In addition, the Team members often served in the more traditional roles of group or individual counselor, vocational advisor, or therapist. However, even these

more usual functions were undertaken with the perspective of an interdisciplinary outlook and an eye toward the development of more programs to meet the needs which became apparent.

Another distinctive feature of the Boston University School Consultation Project was its emphasis on research and evaluation as a vital, integrated component of the project. From the first year on, studies were undertaken to determine the efficacy of the services offered. Surveys were made of reactions to the Team's work. Research on the Alcohol Education Workshop showed it to be a useful tool in reshaping attitudes. A demographic study of the target population was undertaken both for its intrinsic value and as a model to school systems of the type of useful research that is possible even with limited resources. During the final year of the project, a detailed study was made of services provided, the amount of interdisciplinary cooperation and consultation, and the client population as compared to the general school population. Research was conducted to assess the impact of a project aimed at the freshman class of the parochial high school. And finally, a follow-up study was made of the participants in the training process to assess the impact of the program on them.

A brief summarization of the results of the various studies confirm that the Boston University Team was providing some needed and appreciated services to the intended population. The follow-up

study showed that the impact of interdisciplinary training seemed to show up in the future careers of the trainees more than the emphasis on inner-city settings. There were, of course, numerous difficulties during the course of the project. Conflicts in philosophy and purpose with school administrations and staff were frequent. The Team's efforts to involve parents were not as successful as they would have liked. The frustrations of working in Boston during a time of racial tension were strongly felt.

Yet despite these difficulties, the School Consultation Project was an important, valuable program. It paved the way for some communication between the various graduate schools of the University; it brought a philosophy of concern mixed with pragmatism to skeptical students and school administrators and sometimes succeeded in winning their trust; it gave the trainees involved a concrete understanding of the difficulties and rewards of working in the inner city; and it provided needed service, in an innovative fashion, to several Boston schools.

FOLLOW-UP STUDY

In keeping with the orientation of the Boston University Team toward research and detailed analysis, a follow-up study was performed to determine the effect of participation in the project on the former participants (Shirashi, 1975). The purpose of the follow-up study was to assess the impact of the School Consultation Project in terms of professional behaviors of former trainees. The underlying theory was that the project had served as a very different experience than traditional training in education, counseling, nursing, or social work. The emphasis on interdisciplinary cooperation and the commitment to work in the inner-city were aspects of the program which, it was hoped, would carry over into the subsequent professional work of the participants.

Considerations in Evaluating Results

The follow-up study was undertaken one year after the conclusion of the project. Therefore, former trainees had been out of the program for one to three years; some, however, were still enrolled in graduate work or had not yet begun to work full time. Those who had were just starting their post-graduate school professional careers. Also, the results of the study of necessity were based on responses from 32 of the 41 former trainees, since reasonable attempts to obtain responses from the other 9 proved unfruitful.

Composition of the Sample

Since one of the aims of the School Consultation Project was to involve members of minority groups in graduate training which was relevant to the inner city, it is interesting to note that 11 of the 32 respondents were either Asian, Black, or Hispanic. Most of the former trainees had remained in the Boston area (69%), but the balance were widely scattered, from California to Canada. The sample was composed of 23 School of Education trainees, 5 School of Social Work trainees, and 4 School of Nursing trainees. Their undergraduate fields of concentration varied widely, and they tended to have had some work experience prior to entering graduate school (1.5 years for SED students, 1.7 years for SSW students, and 5.8 years for SON students, on the average).

Results of the Study

For a complete and detailed analysis of the results of the study, see Appendix L. Reported here are the major conclusions of the follow-up. One year after the conclusion of the Project, 56% of the former trainees held full-time jobs; 19% were employed in part-time positions; and 25% were still full-time students. The occupations included psychologist, school social worker, psychiatric clinician, school psychologist, developmental disabilities coordinator, community organizer, school counselor, teacher, program analyst, community mental health nurse, and intake

coordinator. Among the full-time employed, the largest number (N=9) worked in schools; the next largest group (N=4) worked in community mental health centers. Of the 18 full-time employed 8 worked in urban areas, with two of those being in the inner-city. Five former trainees worked in suburban areas, while another five worked in rural or small industrial towns. Most of the employed former trainees worked with clients of all ages and both sexes, although about 45% of the full-time employed worked exclusively with children. 74% of the former trainees worked with clients who were in the lower, upper lower, or low middle socio-economic levels, while only 26% of them worked with clients in the upper levels. While 42% of the students worked with a clientele which was primarily white, another 42% had a mixed clientele and 16% worked with primarily black or Chinese clients.

A comparison of the nature of work in terms of traditional or interdisciplinary aspects revealed that School of Education and School of Nursing students reported that their work did incorporate interdisciplinary approaches, while School of Social Work students were more likely to be working in a traditional way. Trainees from the former two groups reported "work with various resource people from various fields"; "working with others from different disciplines". Those who were employed on a part-time basis tended to have more traditional work roles. However, 78% of the full-time employed and 60% of the part-time employed reported that their

activities were team-oriented. When asked what effect the school consultation project had on their professional identity, the former trainees gave a wide range of responses. Most of them agreed that it had some impact; those who saw it as positive were in the majority. Some sample responses were "a sense of approach to human needs on the community level"; from a nursing student: "enhanced my self-respect, competence when dealing with other disciplines"; "generalist mental health professional identity as opposed to being an educational counselor". Those who felt that the training experience did not enhance their professional identity said such things as "the field-site thwarted a sense of professional identity because they didn't understand our role or functioning".

Conclusions

These results must be considered in light of the mitigating factors mentioned above. It appears from this follow-up study that the goal of developing an inderdisciplinary mental health team approach was achieved more fully than the other goal, that of producing professionals to work in and deal with the problems of the inner-city. Again, this is not a hard-and-fast conclusion since a substantial number of former trainees were still in school or employed part-time, and the full-time employed people were just beginning in their careers. It is also noteworthy that the bulk

of the former trainees were dealing with a clientele from the lower socioeconomic levels. The subjective assessment of the School Consultation Team's former members was largely that the training experience had enhanced their sense of themselves as mental health generalists.

YEAR FOUR

Plans for Institutional Change

One of the primary objectives of the project "School Mental Health: Training for Collaboration" was the development and implementation of an educational program that would provide more effective professionals for the mental health care delivery system. Boston University, like most other major universities, is divided into schools and colleges. These units are then further divided into departments. Each department operates with relative autonomy and thus any interdepartmental or school collaboration must be by design or it will not occur. There are seven schools or colleges within the University which offer programs specifically designed to educate mental health professionals, and in some of these schools or colleges there is more than one department which state mental health education as its primary goal. Each of these programs has a required practicum or field work component and it is here that many students and faculty meet other University students and faculty. This is often their initial meeting, and not the ideal place to begin what should be a collaborative effort.

At the onset of this project we did not know whether we were working with students from four different disciplines or four

different specialties emanating from one discipline. Four years later we still haven't answered that question but we do know that there is a great deal of overlap and that all students in the field of mental health need a basic core of knowledge. Thus we propose to inaugurate a core curriculum in basic mental health knowledge and skills to all graduate students and qualified undergraduates registered in mental health education programs. This core will consist of courses, practicums, and integrative seminars. Hopefully, through this inderdisciplinary educational process, the unique contributions and skills of the individual disciplines will be clearly recognized and, by working with colleagues from allied disciplines, valued.

The developmental history of the processes that occurred prior to the development of a core program are worth noting. Collaboration for us meant transcending both professional and institutional boundaries, understanding and accepting temporary collegial mistrust and alienation, and willingness to work through an institutional bureaucracy that is even more bureaucratic when multiple schools and colleges are involved.

Initially, it became imperative to identify the right person(s) in each unit, for it 's this individual who must become the spokesman and advocate with n his or her departmen Next, one must deal with the reality of departmental differences in requirements,

scheduling and flexibility. This may seem minor and thus the development of a solution simplistic, however as an example, we found that the differential awarding of credit for fixed work was a major student concern. Also, the differences between the psychiatric resident who is on a twelve month calendar and other students on an eight month University calendar became important - especially in light of working with a school system that is on a ten month calendar. These differences must be worked through to the satisfaction of all if we are to deliver effective services. Great importance should be given to the field setting in which one plans to place students. We knew that we wanted to work within the city school system and yet were also aware that our impact and freedom to deliver services in a flexible manner would be severely limited. Thus we chose to begin our efforts in a parochial system which had in reality become an alternative city school system. While we believed that we had developed the program in conjunction with the school's administrator and faculty, we soon realized that a specific contract would have been better (Appendix C). The project supervisors met on a weekly basis for the purpose of feedback and program development. During these meetings it became evident that many of our concerns could and should be generalized to all students enrolled in a mental health education program. As a result of articulating these needs,

we developed an unofficial University ad hoc interdisciplinary training committee. Each mental health training program named a representative, and this committee met monthly. Concerns about field placements, supervision, and basic curriculum were shared. Lack of specific knowledge about the breadth and depth of offerings within the University led to this committee's development of a proposal for a task force study team. This proposal was supported by the University Executive Office and during the summer of 1973 students and faculty met to study the University mental health education offerings. This resulted in a Task Force Report which recommended the development of a core program for all students in the field of mental health. During 1974 a University Mental Health Education Committee was named and charged with the development of a proposal for a core program in mental health education. This program proposal (Appendix M) has been submitted to NIMH's Experimental and Special Training Branch and will be implemented in the fall of 1976.

Many steps have yet to be taken. Each school must now accept the proposed curriculum, appropriate students must be identified, faculty must be named, and logistics worked out. It has taken five years to reach our present stage of development, and another five are anticipated to reach full program implementation but we know that goals can be realized. Thus it is with gratitude that

we thank the U.S. Office of Education for the EPDA support which gave us our start on major institutional change.

Dissemination

As can be seen in the bibliography there have been fourteen manuscripts, tapes, or films developed as a result of the EPDA project. These publications were developed for the primary purpose of convention or conference presentations or as comprehensive treatises.

The final convention presentation was at APGA in San Diego in 1973. This was followed by an update at the North Atlantic ACES meeting in Boston. A visual presentation (video tape) was the basis for a program offering at the fall 1974 North Atlantic ACES meeting in Hershey, Pennsylvania. The video tape appeared to provide a stimulus for raising questions pertaining to the future education of mental health professionals, and thus has become a focal point at additional local, national and international meetings.

Presentations have been made at Boston University School of Education's annual exposition, better known as EXPO '75. The video tape was also presented to a group of graduate students in counselor education in Mannheim, Germany during the summer of 1975. A presentation was made at the International Association of Educational and Vocational Guidance Conference in Lisbon, Portugal and is being published in the Conference Proceedings. Finally, a program has been accepted for an April presentation at the APGA convention in Chicago.

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APPENDIX A

Faculty and Team Supervisors

Bocknek, Gene, Associate Professor (School of Education)

Compton, Jane, Assistant Professor (School of Social Work)

Devlin, Joseph, Assistant Professor (School of Medicine)

Garner, Grayce, Professor (School of Nursing)

Johannet, Pierre, Assistant Professor (Schools of Education and Medicine)

Krakow, Sylvia, Associate Professor (Schools of Social Work and Medicine)

Nickerson, Eileen, Associate Professor (School of Education)

O'Hern, Jane, Professor (School of Education)